

**TOWN/CITY OF \_\_\_\_\_**  
**BENEFIT DATA INFORMATION SHEET**  
**ANDROSCOGGIN COUNTY**

Date: \_\_\_\_\_

CDBG EDI PROGRAM SURVEY # \_\_\_\_\_

Dear Employee,

To qualify for a CDBG funded loan from the Town/City of \_\_\_\_\_, we need information on the family size, annual income and makeup of all our employees.

**THIS INFORMATION WILL BE KEPT CONFIDENTIAL. Please return this form to \_\_\_\_\_ as soon as possible. If you have any questions, please contact \_\_\_\_\_.**  
Thank you for your cooperation.

Please place an "X" in the appropriate spaces pertaining to your family's size, annual income and makeup and sign where requested.

FAMILY SIZE		INCOME	
1	\$28,550	Above _____	Below _____
2	32,650	Above _____	Below _____
3	36,700	Above _____	Below _____
4	40,800	Above _____	Below _____
5	44,050	Above _____	Below _____
6	47,350	Above _____	Below _____
7	50,600	Above _____	Below _____
8	53,850	Above _____	Below _____

**\*Read This Carefully\***

In determining total family income use your Total Adjusted Gross income for your household as reported on your most recent Federal Income Tax form.  
If you use Form 1040 – use line 35  
If you use Form 1040A – use line 21  
If you use Form 1040EZ – use line 4

**BENEFICIARY INFORMATION:**

**Family Race** indicate by putting an "X" on the appropriate line

White \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_  
Native Hawaiian/Other Pacific Islander \_\_\_\_\_ American Indian/Alaskan Native & White \_\_\_\_\_  
Asian & White \_\_\_\_\_ Black/African American & White \_\_\_\_\_  
American Indian/Alaskan Native & Black/African American \_\_\_\_\_ Other \_\_\_\_\_

**Family Make-up:** Enter number of elderly or severely disabled family members and indicate with an "X" if a female head of household is present

Number of Elderly: \_\_\_\_\_

Number of Severely Disabled: \_\_\_\_\_

Female Head of Household?: \_\_\_\_\_ Yes \_\_\_\_\_ No

**I certify that the information on this survey form is true and complete to the best of my knowledge and belief, and that the Town/City of \_\_\_\_\_, the State of Maine and the Federal Government are hereby authorized to verify the information contained herein.**

\_\_\_\_\_  
Signature

TO BE FILLED OUT BY INDEPENDENT VERIFIER: LMI \_\_\_\_\_ NON-LMI \_\_\_\_\_

\_\_\_\_\_  
Signature of authorized official

\_\_\_\_\_  
Date